

Intersectoral costs and benefits of health interventions

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Valorisation



Valorisation

In this chapter, the relevance of this thesis for researchers, policymakers and the general public will be discussed. Scientific work should benefit not only the scientific community; it is more important than ever to translate the value of scientific work into ideas and solutions for problems which societies face, and to evolve beyond these to create a more sustainable, healthy and wealthy society. In this context, this chapter provides some ideas and activities, and concludes with a description of the dissemination of the findings of this thesis.

Relevance for researchers

The main relevance of this thesis for researchers lies in the new tools which support the identification, classification, and valuation of the intersectoral costs and benefits (ICBs) of health interventions. These tools are generic enough to be applied in various fields of health research, including preventive, cure, and care interventions. By using the classification scheme for ICBs and methods for valuing ICBs, a more complete economic evaluation can be conducted from the societal perspective. Furthermore, the classification scheme also creates more awareness of the diversity of costs and benefits which may result from a health change. These tools can therefore be seen as guidelines for improving the quality of costing research, and economic evaluations. The applications of these tools in the economic evaluations which are presented in this thesis are but the first; these studies can be used as examples for other researchers who are interested in conducting economic evaluations which include ICBs, both inside and outside the Netherlands. Furthermore, this thesis may function as a basis for future research into ICBs, such as investigating the specificity of ICBs for certain diseases, but also research into tools which support the measurement of ICBs.

Research into these ICBs may bridge policy gaps between sectors, especially at the national level, and is also crucial in reflecting the true societal value of decisions outside the healthcare sector. One such overarching tool for which ICBs could be relevant is the societal cost-benefit analysis (SCBA). The SCBA is an *ex ante* type of analysis in which the expected impact of a policy measure is projected. In the Netherlands, this type of analysis has been used for infrastructural projects for years, and has come to be an important tool for supporting healthcare decision making as well. In a letter to the Dutch House of Representatives in December 2013 (IRF/2013/993), the Minister of Finance, Jeroen Dijsselbloem, presented a new generic guideline on SBCA, which was written by the Netherlands Bureau for Economic Policy Analysis (CPB, or 'Centraal Planbureau') and the Netherlands Environmental Assessment Agency (PBL, or 'Planbureau voor de Leefomgeving'). The year after, the National Institute for Public Health and the Environment (RIVM, or 'Rijksinstituut voor Volksgezondheid en Milieu'), published a thematic report on the role of SCBAs for the healthcare sector and public health. Costing data, such as unit prices related to ICBs, could be supportive in conducting such SCBAs.

It is important to use an intersectoral approach when it comes to health-related research, as health is intertwined with all aspects of everyday life. This thesis presents studies which were aimed at gaining insight into the ICBs of health(care) interventions. In practice, however, the interaction and consequences can also come from the other direction, so to speak; interventions outside the healthcare sector might lead to costs and benefits inside the healthcare sector. This means that it is important to investigate the effect of a health change not only in the case of a health(care) intervention, but also the effect on health when an intervention is primarily aimed at other sectors. An example of a tool which can be used to calculate this effect is the health effect screening, or GES ('gezondheidseffectscreening'). In the GES, the impact of a non-health policy measure or decision by the national or a local government, company or other decision-maker on population health is investigated. One such application of this tool is the assessment of the impact on health of various types of transportation, such as air traffic. Important stakeholders in the GES are the Ministry of Health, Welfare and Sport, the Ministry of Infrastructure and the Environment, and local governments. When it comes to ICBs, even more stakeholders could play a vital role, such as the Ministry of Education, Culture and Science, and the Ministry of Security and Justice, as many ICBs of health interventions might end up in their policy domain.

Relevance for policymakers and society

Several policymakers who were consulted as experts during this research project acknowledged the important role of ICBs in decision-supportive information. Improved decision-supporting information leads to improved decision-making. Health insurers, pharmaceutical companies, and public policy makers could consult this thesis, for it may be helpful for decision-making processes. For example, research into ICBs may lead to improved reimbursement decisions, but it may also benefit decisions when setting out research. Insights into ICBs disclose the payers and beneficiaries of such decisions and show the proportional distributions of costs and benefits among these. Furthermore, this thesis could be supportive for Health in All Policies (HiAP) initiatives. Decision-makers who are operating outside the health domain need reasons for investing in health. If the returns on investments for their own domain, e.g. education or the justice system, can be quantified, this might give a boost to HiAP.

In the end, developments in the scientific world and policy changes affect society's health. Prevention, cure and care are derived demands. These are but pathways to create or maintain health, and health is life. If ICBs change the outcome of an economic evaluation and if this economic evaluation weighs heavily in the decision-making process on whether or not an intervention is worth paying for, the relevance of paying attention to ICBs becomes very clear.

Dissemination of knowledge

Reflecting on the efforts which have been made to disseminate the results of this dissertation, these have been quite extensive already. The lead author and co-authors of the studies which are presented in this thesis have put much effort into disseminating the results of their work alongside the writing of this thesis, instead of waiting for the thesis to be finished. Between 2013 and 2016, four out of five chapters were published in international peer-reviewed impact journals. Of these, three were published 'open access', which means that these are publically and freely available to whomever is interested in these studies. Open access publishing has been made one of the top priorities of the Dutch Secretary of State, Sander Dekker. In a letter to the Dutch House of Representatives in November 2013 (31288-354), he defends the open access initiative by stating that publically funded research should be publically available.

Apart from these publications, a Dutch guideline on ICBs was published in 2014, which supports Dutch researchers and policymakers in conducting and assessing costing research and economic evaluations from the societal perspective. This work has now been cited in the new 2015 guideline on costing research of the Netherlands Healthcare Institute. Dutch studies and debates on this work have been published or are accepted for publication in *'Tijdschrift voor Psychiatrie'* and *'Tijdschrift voor Gezondheidswetenschappen'*. Furthermore, results of the various studies have been presented at fifteen conferences and symposia, within and outside the Netherlands. One of these was a symposium on ICBs and SCBA at the Dutch Ministry of Health, Welfare and Sport in October 2014. During these conferences and symposia, the audience had the opportunity to provide feedback. The same goes for the guideline, which is freely available and can still be commented on via an online questionnaire on the website of the Department of Health Services Research of Maastricht University. Feedback can be used for this type of research to evolve and to improve guidelines for the future of health economics.

Opportunities for spreading the results are specified in a dissemination plan. This plan, which was presented to the Netherlands Organisation for Health Research and Development, provides an overview of strategies for the dissemination and implementation of the products resulting from this research project, including activities related to publishing, presenting and spreading knowledge on ICBs through education. Finally, this work can be used to educate not only students, but also policymakers on both the national and local levels. This is necessary, for health economics is becoming more and more important in healthcare decision-making, and well-informed decision-making will lead to better population health.

